

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0017662

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

APR FILED 27 64

Primary Registration District No. 3072

Registrar's No. 16

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall			Length of stay in 1b 2 weeks		c. CITY OR TOWN Miami		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Streets not numbered	
3. NAME OF DECEASED (Type or print) JOHN FRANCIS ELDER				4. DATE OF DEATH Month Day Year April 22, 1964			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1882	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Miami Station, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Francis Elder			13b. MOTHER'S MAIDEN NAME Eliza Miller		14. NAME OF HUSBAND OR WIFE Bertha Sullivan Elder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address 6 William L Elder, Marshall, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia by Aspiration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Pneuonia (Hypostatic) DUE TO (c) Bed Rest - Fr. Heps INTERVAL BETWEEN ONSET AND DEATH 3 Days 7 Days 10 Days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Apr 10 , to Apr 22 and last saw her alive on Apr 22 . Death occurred at 9:05 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. Campbell-Lewis M.D.				22b. ADDRESS Marshall Mo		22c. DATE SIGNED 4-23-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-24-1964	23c. NAME OF CEMETERY OR CREMATORY Miami Cemetery		23d. LOCATION (City, town, or county) Miami, Missouri		(State)	
24. FUNERAL DIRECTOR Campbell-Lewis Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 4-23-64		26. REGISTRAR'S SIGNATURE Cecil L. Read	

MAY 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James A. Lewis Jr.

Licensed Embalmer No.

4709

P. O. Address

Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.